

CLAIMS ONLY						Application Number 10/060 489	Filing Date			
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend		
1			/	/	/	/	/	/		
2			/	/	/	/				
3			/	/	/	/				
4										
5			/	/	/	/				
6			/	/	/	/				
7										
8			/	/	/	/				
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38			/	/	/	/				
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41			/	/	/	/				
42			/	/	/	/				
43			/	/	/	/				
44			/	/	/	/				
45			/	/	/	/				
46			/	/	/	/				
47			/	/	/	/				
48										
49										
50										
Total Indep			4		3					
Total Depend			43		33					
Total Claims			47		36					